Volunteer Activity Tracking Form

Student Information	
Name:	
Phone:	E-Mail:

<u>Note:</u> Volunteer activity is only verified if there is an authorized signature. Please contact HandsOn Battle Creek with any questions about volunteer hour verification.

Date	Activity Description (Include name of agency, if applicable)	Hours	Authorized by: (Signature)	Supervisor Phone Number

This Student Volunteer Activity Report has been completed to the best of my ability and accurately reflects my participation in volunteer activities.

Signature Date